Periscope

NEUROLOGISCHES CENTRALBLATT

(Vol. 23, 1904, No. 7, April 1.)

1. Concerning Virchow's Cretin Theory. W. WEYGANDT.
2. The Cessation of Severe Lancinating Pains in a Tabetic After Twenty-eight Injections of Antirabic Serum. L. STEMBO.
3. A Contribution to Our Knowledge of Tabetic Arthropathy and Bone Disease. J. KOLLERITS.

1. *Cretin Theory.*—Continued article.

2. *Pains in Tabes.*—A tabetic who has had very severe lancinating pains for a long time was bitten by a dog. In the course of fourteen days he was given twenty-eight injections of antirabic serum. The patient, as a result, is now entirely free from these pains.

3. *Arthropathy in Tabes.*—According to Charcot tabetic arthropathies are due to a lesion in the trophic centers in the anterior horn of the spinal cord, these alterations being secondary to the changes in the bones and joints. Volkmann thought they were always traumatic in origin, while Rotter is of the opinion that they are a part of an arthritis deformans. The author examined the bones and joints of a tabetic and found the periosteum of the femur loosened opposite the insertion of the quadratus muscle, this being probably due to the irritation of that muscle. The loosened periosteum formed a lamella of bone, this causing a bone cavity, which was attached to the femur. The cavity was filled with a yellow serous fluid, the whole condition resembling a bone inflammation. The author argues that the loosening of the periosteum was the traumatic cause of the arthropathy.

(Vol. 23, 1904, No. 8, April 16.)

1. Concerning the Central Nervous System in Cretins. DR. BAYON.
2. A Contribution to the Clinic of Tuberculous Meningitis. KARL V. WIEG.
3. Concerning Virchow's Cretin Theory. W. WEYGANDT.

1. *The Central Nervous System in Cretins.*—The author had the opportunity to examine microscopically two brains of undoubted cretins. In the first case, sections taken from different parts of the cortex showed marked alterations in the walls of the blood vessels, veins and capillaries, these resembling hyalin degeneration. There was a large number of amyloid corpuscles in each section. The nerve cells were not altered, except that there was marked pigmentation and the dendrites were plumper than normal.

In the second case the brain was placed in formalin one and one-half hours after death. The changes here were the counterpart of the alterations found in the first case. There were no amyloid corpuscles, except a very slight number in the optic nerves, and the nerve cells were entirely normal. The blood vessels were thin and not congested. These alterations represented changes found respectively in the senile and the infantile cretin.

2. *Tuberculous Meningitis.*—It is well known that the clinical picture of meningitis of tuberculous origin may vary, so that it is almost impossible to make a correct diagnosis. The author records three such interesting cases. In the first there was an alcoholic delirium throughout the disease, in the second the symptoms were ushered in by a violent delirium, and in his last case the clinical picture was that of an intoxication psychosis.

3. *Cretin Theory.*—Continued article.

(Vol. 23, 1904, No. 9, May 1.)

1. Several Theses Concerning the Order of the Motor Cells in the Origin of the Nerves of the Extremities. G. BIKELES.
2. A Contribution to the Innervation of the Eyes of the Mammalia. M. BIELCHOWSKY and B. POLLACK.
3. Concerning Virchow's Cretin Theory. W. WEYGANDT.

1. *Order of Motor Cells.*—(a) The ventromedial group consists, besides the large commissure cells, of the large motor cells for the musculature of the back, and for the innervation of the region of the ramus dorsalis posterior.

(b) All other cells, including the region of the ramus anterior, supply the ventral and the dorsal regions of the musculature of the extremities. These motor cells are arranged in the spinal cord according to the following morphological types:—

1. In a section of the spinal cord, studied sagitally, the cells in the anterior portion supply the musculature of the proximal distribution—as the muscles of the shoulder and buttock, and the dorsal cells supply the distal musculature.

2. In sections studied frontally the lateral cells correspond to the dorsal musculature, and the medial cells supply the ventral musculature.

(c) The different localization of these motor cells, whether dorsal or ventral, proximal or distal, are caused by the situation of the spinal nerves, and form a nervous localization in spite of the fact that the type is not strictly nervous.

Finally, the arrangement of the motor cells, after morphological principles, gives the best explanation for its correct functions. The anatomical representation of physiological complexes does not give satisfactory results.

2. *Innervation of the Eyes of Mammalia.*—The authors modify Bielchowsky's original silver impregnation method so as to be able to examine the eyes of mammalia. The article is not suitable for abstracting.

3. *Virchow's Cretin Theory.*—Weygandt discusses Virchow's "new-born" cretin theory, and presents from Virchow's many able works upon this subject the views held by that author. According to Virchow that in these cases there was a congenital disturbance of the synostoses of the cranial bones, Weygandt assumes to be incorrect. These "new-born" cases rather belong to that class of diseases which belong to the chrondrodystrophia fœtalis or mikromelia.

(Vol. 23, 1904, No. 10, May 16.)

1. Concerning a Peculiar Reflex in the Extremities in Central Organic Paralysis. W. W. BECHTEREW.
2. Concerning the Pathogenesis of Progressive Paralysis and a Contribution to the Anatomy of the Pyramidal tract. DR. BUMKE.
3. The Strength of the Tendon Reflexes and their Alteration in Hemiplegia. K. PANDY.

1. *New Reflexes.*—Bechterew recalls that in 1895 he described a phenomenon which was obtained in hemiplegics in the following manner: Both arms are flexed at the elbow, the muscles being absolutely relaxed, the paralyzed arm will not immediately extend, but there will be a momentary tension of the biceps, and then a gradual extension. Moler recently obtained this phenomenon in hemiplegies where there was no spasticity. Bechterew believes this to be an important sign, especially when hysterical hemiplegia is to be differentiated.

2. *Progressive Paralysis.*—Bumke recorded an interesting case of progressive paralysis of the insane in which there were Jacksonian convulsions limited to the right side of the body. At the autopsy nothing was found microscopically, except that the convolutions of the left side, especially in the Rolandic region, were somewhat flat and smaller than normal.

Microscopical examination by the Marchi method, a primary degeneration of the motor tract was traced from the left internal capsule to the lumbar cord. The cortical cells, especially the large pyramidal cells of the left central convolutions, were much altered. Nothing was found to explain the degeneration, so Bumke rightfully assumes that this degeneration was secondary to the alteration of the motor ganglion cells. There was marked arteriosclerosis. Jacksonian convulsions in this case cannot be easily explained. The especial involvement of the motor region in progressive paralysis is unusual, but has been previously noted. The cortico-bulbar fibers to the seventh and the twelfth nerves were traced. The degeneration in the foot of the cerebral peduncles was limited to the middle part. Bumke then discusses the probable course of the cortico-bulbar fibers, in this case it being in the medial instead of the middle part, and assumes, with Wiedersheim, that there may be two cortico-bulbar tracts, and these may not be diseased in the same individual.

3. *The Tendon Reflexes.*—Pandy constructed a mechanism by which he is able to measure the strength of the patellar reflex. He also discusses the various theories of the causation of exaggerated and diminished tendon reflexes. Acording to him this is clearly explained as follows: If the lesion in the spinal cord is of a non-irritative nature, whether acute or chronic, the reflexes will be absent. If the interruption is of an irritative nature the reflexes will be increased, as, for instance, the return of the tendon reflexes in a tabetic after an apoplectic attack. WEISENBURG.

JOURNAL DE NEUROLOGIE

(IX., 1904, 18.)

1. Remarks on Some Tics of Childhood. H. MEIGE and E. FEINDEL.

A discussion of the pathogenesis, symptoms and treatment of certain tics of children, which is illustrated by the histories of four patients. The authors consider the tics as beginning usually as bad habits, most commonly in children of neurotic constitution. They call attention particularly to tics of the eye muscles, precipitation in speaking, and in the act of eating. The treatment recommended is chiefly disciplinary, and what they call "psychomotor," a re-education of movements, by suitable exercises often before a mirror, with attention to the general health, and insistence upon proper rest, often a week or two in bed. In one of the cases mentioned there were the germs of certain obsessions, which the authors insist must always be looked for and nipped in the bud. The home relations of the child should also be inquired into, and regulated as far as possible.

(IX., 1904, No. 19.)

1. The Fundamental Principles of Electrotherapy in Nervous Diseases. E. DOUMER.

The author makes a plea for the more general use of electricity, which he thinks we have no more right to neglect on account of not understanding its mode of action, than we have to reject drugs of whose action we know little or no more. He maintains that electricity has a direct action upon the tissues outside of any chemical effects which it may set up, and cites some experiments with static electricity and with high-frequency currents to prove it. This action seems to be in the line of improving nutrition, and largely through its effect upon the vasomotor system, though he denies to electricity a specific action upon the nervous or muscular systems. The instances of its therapeutic action which he cites are mainly in the line of skin diseases. He claims to have cured eczemas and painful anal fissures by the action of the electric breeze, and by high-frequency currents. The more acute the condition the more rapidly it yields. He recommends the systematic use of electricity in wasting diseases, on account of its action